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2017 Off-Cycle CAHPS® Child Medicaid Survey Summary Report

Centene - NE (Nebraska Total Care)

December 2017

HERITAGE HEALTH | nebraska total care

Morpace research is completed in compliance with ISO 20252

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Detailed exhibits and data tables available in online reporting portal.

2017 Executive Highlights

Summary Rate Scores (% Positive Response)				2017 NCQA Accreditation CAHPS Points			
COMPOSITE SCORES	2017	2016	2017 Score versus 2017 Quality Compass	*Approx.* 2017 Percentile Threshold	*2017 Approx. Points*	*2016 Approx. Points*	Difference from 2016
Getting Care Quickly	**93%**	NA	84th	75th	**1.634**	NA	
How Well Doctors Communicate	**96%**	NA	92nd	NA	**NA**	NA	NA
Care Coordination	**91%**	NA	97th	90th	**1.857**	NA	NA
Getting Needed Care	**90%**	NA	86th	75th	**1.634**	NA	NA
Customer Service	**88%**	NA	50th	NA	**NA**	NA	NA
Shared Decision Making	**84%**	NA	100th	NA	**NA**	NA	NA
OVERALL RATING SCORES							
Health Care	**86%**	NA	36th	90th	**1.857**	NA	NA
Personal Doctor	**92%**	NA	92nd	90th	**1.857**	NA	NA
Specialist	**95%**	NA	100th	NA	**NA**	NA	NA
Health Plan	**86%**	NA	53rd	50th	**2.526**	NA	NA
					11.365	NA	NA

Green (light) shade = relative strength *Red (dark) shade = relative weakness*

Total Possible CAHPS Points = 13.00

Key Learnings from these tables:

- The **Summary Rate Scores** show the proportion of members who rate the plan favorably on a measure - 100% is the highest.
- Comparing the plan's percentages for the current year against last year, you can quickly see where the plan improved or declined.
- Colored arrows denote significant changes from last year, and likely play a role in changes to the plan's overall CAHPS accreditation points.
- The Quality Compass percentiles provide an indication of how the plan fared against *last year's* national average - 100th is the highest.

- The **NCQA Accreditation CAHPS Points** are approximated due to rounding because NCQA provides only two digits after the decimal but uses six digits in their actual calculation.
- NCQA awards CAHPS points based on the percentile in which the plan places for each measure. The maximum total points for all measures is 13.
- By measure, the plan earns maximum points when ranked 90th percentile or above, and minimum points for falling below the 25th percentile.
- Importantly, the Health Plan Overall Rating measure earns double points so it always plays a key role in the plan's Total CAHPS Points.

Background, Protocol and Sample

Background

CAHPS® measures health care consumers' satisfaction with the quality of care and customer service provided by their health plan. Plans which are collecting HEDIS® (Healthcare Effectiveness Data and Information Set) data for NCQA accreditation are required to field the CAHPS® survey among their eligible populations.

Protocol

For CAHPS® results to be considered in HEDIS® results, the CAHPS® 5.0H survey must be fielded by an NCQA (National Committee for Quality Assurance)-certified survey vendor using an NCQA-approved protocol of administration in order to ensure that results are collected in a standardized way and can be compared across plans. Standard NCQA protocols for administering CAHPS® 5.0H include a mixed-mode mail/telephone protocol and a mail-only protocol. The protocol includes the following:

Pre-notification postcard mailed (optional)

Questionnaire with cover letter and business reply envelope (BRE) mailed

Internet link included on cover letter (optional)

1st reminder postcard mailed

Replacement questionnaire with cover letter and BRE to all non-responders

Internet link included on cover letter (optional)

2nd reminder postcard mailed

Telephone interviews conducted with non-responders (min of 3/max of 6 attempts)

- Centene - NE (Nebraska Total Care) chose the mail/telephone/Internet protocol.

Sample

	Sample Size	Total Completes	English Completes	Spanish Completes
Centene - NE (Nebraska Total Care)	1650	311	262	49

Disposition Summary and Response Rate

- A response rate is calculated for those members who were eligible and able to respond.
- A completed questionnaire is defined as a respondent who completed three of the five required questions that all respondents are eligible to answer (question #3,15, 27, 31, 36).
- According to NCQA protocol, ineligible members include those who are deceased, do not meet eligible population criteria, have a language barrier, or are either mentally or physically incapacitated.
- Non-responders include those members who refuse to participate in the current year's survey, could not be reached due to a bad address or telephone number, members that reached a maximum attempt threshold without a response, or members that did not meet the completed survey definition.
- The table below shows the total number of members in the sample that fell into each of the various disposition categories.

Centene - NE (Nebraska Total Care)
2017 Disposition Summary

Ineligible	Number
Deceased	0
Does not meet eligible population criteria	3
Language barrier	8
Mentally/physically incapacitated	0
Total Ineligible	**11**

Non-response	Number
Partial complete	8
Refusal	23
Maximum attempts made	1297
Do Not Call list	0
Total Non-response	**1328**

- Ineligible surveys are subtracted from the sample size when computing a response rate (see below):

$$\frac{\textit{Total completed surveys}}{\textit{Sample size - Ineligible surveys}} = \textit{Response Rate}$$

- Using the final figures from Centene - NE (Nebraska Total Care)'s survey, the 2017 response rate is calculated using the equation below:

$$\textit{Response Rate} = \frac{\textit{Mail (232)} + \textit{Phone (61)} + \textit{Internet (18)} = 311}{\textit{Total Sample (1650)} - \textit{Total Ineligible (11)} = 1639} = \mathbf{19\%}$$

Memo:
2017 NCQA Avg. Response Rate = 22%

Summary of Key Measures

- For purposes of reporting the CAHPS® results in HEDIS® (Healthcare Effectiveness Data and Information Set) and for scoring for health plan accreditation, the National Committee for Quality Assurance (NCQA) uses 5 composite measures and 4 rating questions from the survey.
- Each of the composite measures is the average of 2 - 4 questions on the survey, depending on the measure, while each rating score is based on a single question. CAHPS® scores are most commonly shown using Summary Rate scores (percentage of positive responses).

Centene - NE (Nebraska Total Care)	
	Data
Composite Measures	**2017**
Getting Care Quickly	93%
Shared Decision Making	84%
How Well Doctors Communicate	96%
Getting Needed Care	90%
Customer Service	88%
Overall Rating Measures	
Health Care	86%
Personal Doctor	92%
Specialist	95%
Health Plan	86%
Health Promotion & Education	68%
Care Coordination	91%
Sample Size	*1650*
# of Completes	*311*
Response Rate	*19%*

↑/↓ Statistically higher/lower compared to prior year results.
NA=Data not available

Comparison to Quality Compass®

	Centene - NE (Nebraska Total Care)		2017 Child Medicaid Quality Compass®							
Child Medicaid Survey Questions	2017	Percentile	Mean	5th	10th	25th	50th	75th	90th	95th
Getting Care Quickly *(% Always/Usually)*	**92.92**	84th	88.83	79.48	82.56	86.14	89.46	92.12	93.74	94.69
How Well Doctors Communicate *(% Always/Usually)*	**96.24**	92nd	93.49	89.85	90.53	92.29	93.81	94.97	95.84	96.45
Q25 Care Coordination *(% Always/Usually)*	90.68	97th	82.91	74.82	78.17	80.18	83.18	85.84	88.27	89.62
Getting Needed Care *(% Always/Usually)*	**89.98**	86th	84.50	75.87	77.86	80.80	85.14	88.66	90.62	91.43
Customer Service *(% Always/Usually)*	**88.13**	50th	88.09	83.63	84.50	86.36	88.05	89.68	91.22	91.94
Shared Decision Making *(% Yes)*	**84.33**	100th	78.70	71.18	74.21	77.15	79.31	81.13	82.50	83.21
Q13 Rating of Health Care *(% 8, 9, 10)*	86.19	36th	86.72	81.14	82.61	85.14	87.14	88.68	90.05	91.13
Q26 Rating of Personal Doctor *(% 8, 9, 10)*	91.94	92nd	89.27	85.27	86.42	87.87	89.46	90.69	91.86	92.55
Q30 Rating of Specialist *(% 8, 9, 10)*	95.12	100th	87.30	81.56	82.84	84.88	87.16	89.71	91.37	92.98
Q36 Rating of Health Plan *(% 8, 9, 10)*	86.38	53rd	85.84	79.03	81.47	83.83	86.04	88.86	90.34	91.20

Legend:
95th = Plan score falls on or above 95th percentile
90th = Plan score falls on 90th or below 95th percentile
75th = Plan score falls on 75th or below 90th percentile
50th = Plan score falls on 50th or below 75th percentile
25th = Plan score falls on 25th or below 50th percentile
10th = Plan score falls on 10th or below 25th percentile
5th = Plan scores falls below 10th percentile

The 2017 Child Medicaid Quality Compass® consists of 118 public and non-public reporting health plan products (All Lines of Business excluding PPOs).

Accreditation Details

Scoring for NCQA Accreditation (Includes How Well Doctors Communicate)

				2017 NCQA National Accreditation Comparisons*				
				Below 25th Nat'l	25th Nat'l	50th Nat'l	75th Nat'l	90th Nat'l
			Accreditation Points	***0.371***	***0.743***	***1.263***	***1.634***	***1.857***
Composite Scores	**Sample Size**	**Mean**	**Approximate Percentile Threshold**					***Approximate Score***
Getting Care Quickly	(n=169)	**2.686**	75th		2.54	2.61	2.66	2.69	***1.634***
How Well Doctors Communicate	(n=212)	**2.784**	90th		2.63	2.68	2.72	2.75	***1.857***
Getting Needed Care	(n=163)	**2.547**	75th		2.37	2.46	2.51	2.56	***1.634***
Customer Service***	(n=92)	**0.000**	NA		2.50	2.53	2.58	2.63	***NA***
Overall Ratings Scores									
Health Care	(n=239)	**2.623**	90th		2.49	2.52	2.57	2.59	***1.857***
Personal Doctor	(n=273)	**2.791**	90th		2.58	2.62	2.65	2.69	***1.857***
Specialist***	(n=82)	**0.000**	NA		2.53	2.59	2.62	2.66	***NA***
			Accreditation Points	***0.742***	***1.486***	***2.526***	***3.268***	***3.714***	
Health Plan	(n=301)	**2.618**	50th		2.51	2.57	2.62	2.67	***2.526***
								Estimated Overall CAHPS® Score:	**11.365**

NOTE: NCQA begins their calculation with an unadjusted raw score showing six digits after the decimal and then compares the adjusted score to their benchmarks and thresholds (also calculated to the sixth decimal place). Starting in 2015, NCQA will no longer use an adjusted score. This report displays accreditation points and scores with only two digits after the decimal. Therefore, the estimated overall CAHPS® score may differ from the sum of the individual scores due to rounding and could differ slightly from official scores provided by NCQA. The CAHPS® measures account for 13 points towards accreditation.

*Data Source: 2017 Initial Benchmarks and Thresholds.

*** Not reportable due to insufficient sample size.

Accreditation Details

Scoring for NCQA Accreditation (Includes Care Coordination)

				2017 NCQA National Accreditation Comparisons*				
				Below 25th Nat'l	25th Nat'l	50th Nat'l	75th Nat'l	90th Nat'l
			Accreditation Points	***0.371***	***0.743***	***1.263***	***1.634***	***1.857***
Composite Scores	**Sample Size**	**Mean**	**Approximate Percentile Threshold**					***Approximate Score***
Getting Care Quickly	(n=169)	**2.686**	75th		2.54	2.61	2.66	2.69	***1.634***
Getting Needed Care	(n=163)	**2.547**	75th		2.37	2.46	2.51	2.56	***1.634***
Customer Service***	(n=92)	**0.000**	NA		2.50	2.53	2.58	2.63	***NA***
Care Coordination	(n=118)	**2.602**	90th		2.36	2.42	2.48	2.52	***1.857***
Overall Ratings Scores									
Health Care	(n=239)	**2.623**	90th		2.49	2.52	2.57	2.59	***1.857***
Personal Doctor	(n=273)	**2.791**	90th		2.58	2.62	2.65	2.69	***1.857***
Specialist***	(n=82)	**0.000**	NA		2.53	2.59	2.62	2.66	***NA***
			Accreditation Points	***0.742***	***1.486***	***2.526***	***3.268***	***3.714***
Health Plan	(n=301)	**2.618**	50th		2.51	2.57	2.62	2.67	***2.526***
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*Data Source: 2017 Initial Benchmarks and Thresholds.

*** Not reportable due to insufficient sample size.

Key Driver Analysis and Action Plans

Action Plan – Rating of Health Plan

A Key Driver Analysis is conducted to understand the impact that different aspects of plan service and provider care have on members' overall satisfaction with their health plan, their personal doctor, their specialist, and health care in general. Two specific scores are assessed both individually and in relation to each other. These are:

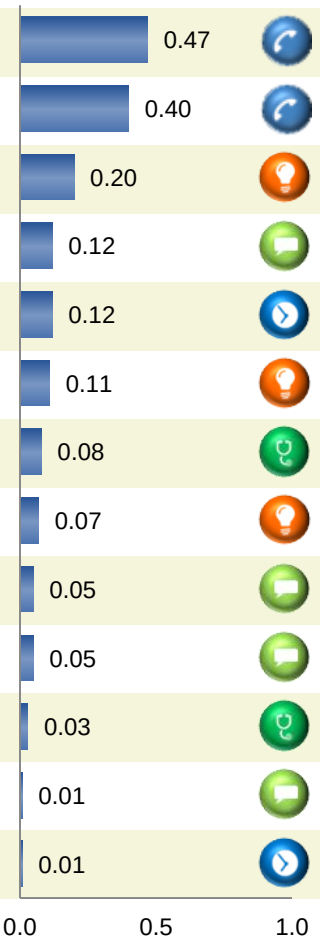
1. The relative importance of the individual issues (Correlation to overall measures)
2. The current levels of performance on each issue (Percentile group in Quality Compass®)

Plans should take action to improve items that are both highly correlated to the overall measure, and currently rated low when compared to national averages (Quality Compass®). Below is a list of items that are considered a High Priority for Improvement to the Overall Rating of Health Plan as well as the Primary Recommendation for improving this measure. For more ideas on how to improve your scores, please see the *Action Plans for Improving CAHPS® Scores* section of this report.

High Priority for Improvement (High correlation/Relatively low performance)		
Overall Rating of Health Plan		**Primary Recommendation**
Q33 - Treated You with Courtesy and Respect	→	Operationally define customer service behaviors for Call Center representatives as well as all staff throughout the organization. Train staff on these behaviors.

Key Driver Analysis – Health Plan

Q36. Rating of Health Plan	Composite	Sample Size	Health Plan's Score	Plan's Percentile
Q32. Got information or help needed	0.47	93	83.87%	65th
Q33. Treated you with courtesy and respect	0.40	92	92.39%	29th
Q12. Asked preference for medicine	0.20	100	88.00%	98th
Q22. Spend enough time with child	0.12	213	93.90%	93rd
Q4. Getting care for child as soon as needed	0.12	114	94.74%	83rd
Q11. Discussed reasons not to take medicine	0.11	100	72.00%	94th
Q14. Easy to get care believed necessary for child	0.08	240	93.75%	90th
Q10. Discussed reasons to take medicine	0.07	100	93.00%	54th
Q17. Explain things in a way you could understand	0.05	213	95.77%	77th
Q19. Show respect for what you had to say	0.05	213	98.12%	94th
Q28. Easy to get appointment for child with specialist	0.03	87	86.21%	80th
Q18. Listen carefully to you	0.01	211	97.16%	90th
Q6. Getting appointment for child as soon as needed	0.01	225	91.11%	77th



High Priority for Improvement
(High Correlation/
Lower Quality Compass® Group)

Q33 - Treated You with Courtesy and Respect

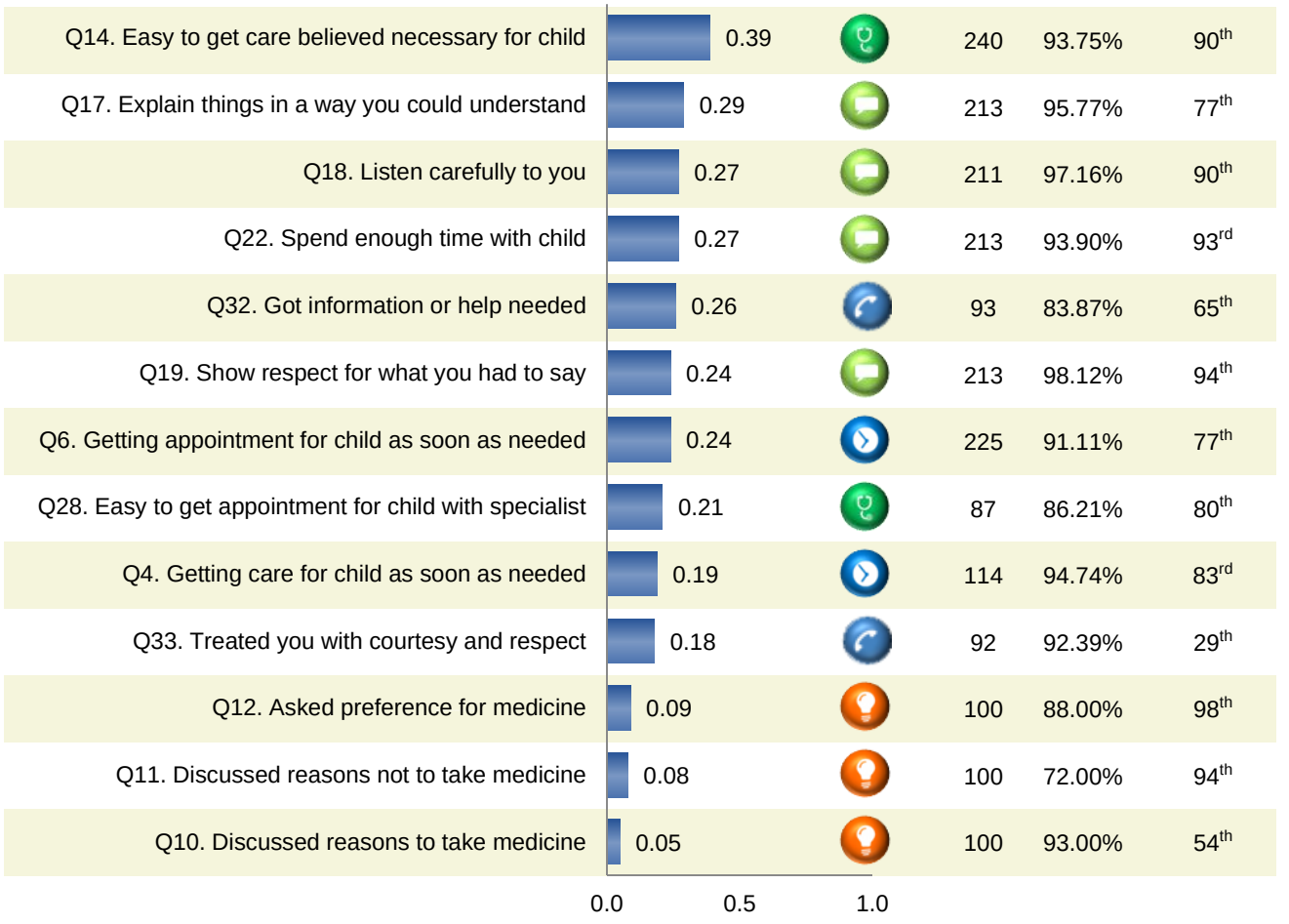
Continue to Target Efforts
(High Correlation/
Higher Quality Compass® Group)

Q32 - Got Information or Help Needed

Getting Care Quickly | Shared Decision Making | How Well Doctors Communicate | Getting Needed Care | Customer Service

Use caution when reviewing scores with sample sizes less than 25.
"Health Plan's Score" is the percent of respondents that answered "Always", "Usually"; "Yes"
Red Text indicates measure is 25th percentile or lower.

Key Driver Analysis – Health Care



High Priority for Improvement
(High Correlation/
Lower Quality Compass® Group)

None

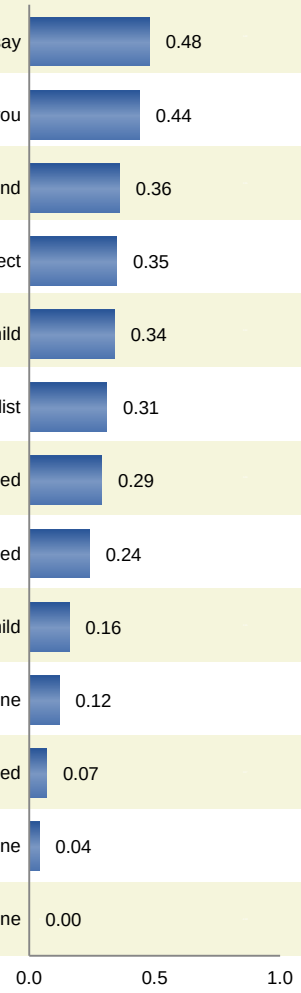
Continue to Target Efforts
(High Correlation/
Higher Quality Compass® Group)

Q14 - Easy to Get Care Believed Necessary for Child

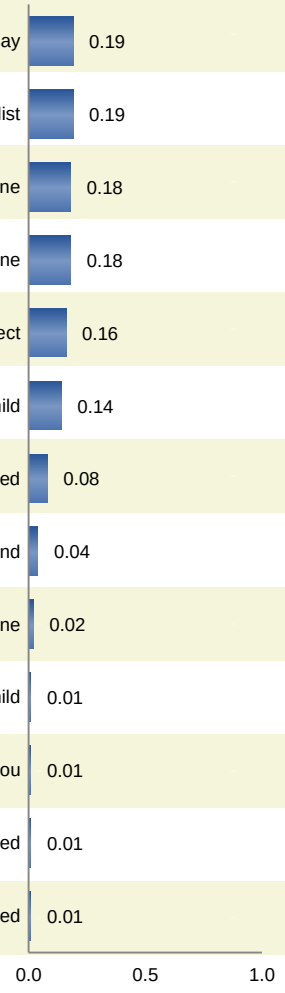
Use caution when reviewing scores with sample sizes less than 25.
"Health Plan's Score" is the percent of respondents that answered "Always", "Usually"; "Yes"
Red Text indicates measure is 25th percentile or lower.

Key Driver Analysis – Doctor and Specialist

Q26. Rating of Personal Doctor		Health Plan's Score	Plan's Percentile
Q19. Show respect for what you had to say	0.48	98.12%	94th
Q18. Listen carefully to you	0.44	97.16%	90th
Q17. Explain things in a way you could understand	0.36	95.77%	77th
Q33. Treated you with courtesy and respect	0.35	92.39%	29th
Q22. Spend enough time with child	0.34	93.90%	93rd
Q28. Easy to get appointment for child with specialist	0.31	86.21%	80th
Q32. Got information or help needed	0.29	83.87%	65th
Q4. Getting care for child as soon as needed	0.24	94.74%	83rd
Q14. Easy to get care believed necessary for child	0.16	93.75%	90th
Q12. Asked preference for medicine	0.12	88.00%	98th
Q6. Getting appointment for child as soon as needed	0.07	91.11%	77th
Q10. Discussed reasons to take medicine	0.04	93.00%	54th
Q11. Discussed reasons not to take medicine	0.00	72.00%	94th



Q30. Rating of Specialist		Health Plan's Score	Plan's Percentile
Q19. Show respect for what you had to say	0.19	98.12%	94th
Q28. Easy to get appointment for child with specialist	0.19	86.21%	80th
Q11. Discussed reasons not to take medicine	0.18	72.00%	94th
Q12. Asked preference for medicine	0.18	88.00%	98th
Q33. Treated you with courtesy and respect	0.16	92.39%	29th
Q22. Spend enough time with child	0.14	93.90%	93rd
Q6. Getting appointment for child as soon as needed	0.08	91.11%	77th
Q17. Explain things in a way you could understand	0.04	95.77%	77th
Q10. Discussed reasons to take medicine	0.02	93.00%	54th
Q14. Easy to get care believed necessary for child	0.01	93.75%	90th
Q18. Listen carefully to you	0.01	97.16%	90th
Q32. Got information or help needed	0.01	83.87%	65th
Q4. Getting care for child as soon as needed	0.01	94.74%	83rd



"Health Plan's Score" is the percent of respondents that answered "Always", "Usually"; "Yes"
Red Text indicates measure is 25th percentile or lower.

Action Plans for Improving CAHPS® Scores

Morpace has consulted with numerous clients on ways to improve CAHPS® scores. Even though each health plan is unique and faces different challenges, many of the improvement strategies discussed on the next few pages can be applied by most plans with appropriate modifications.

In addition to the strategies suggested below, we suggest reviewing AHRQ's CAHPS® Improvement Guide, an online resource located on the Agency for Healthcare Research and Quality website at:

http://www.ahrq.gov/cahps/quality-improvement/improvement-guide/improvement-guide.html

GETTING NEEDED CARE *(1 of 2)*

Easy to get appointment with specialist

- Develop referral guidelines to identify which clinical conditions the PCPs should manage themselves and which should be referred to the specialists.
- Review authorization and referral patterns for internal barriers to member access to needed specialists. Include Utilization Management staff in the review process to assist in barrier identification and process improvement development.
- Review Complaint and Grievance information to assess if issues are with the process of getting a referral/authorization to a specialist, or if the issue is the wait time to get an appointment.
- Include supplemental questions on the CAHPS® survey to determine whether the difficulty is in obtaining the initial consult or subsequent appointments.
- Include a supplemental question on the CAHPS® survey to determine with which type of specialist members have difficulty making an appointment.
- Perform a GeoAccess study of your panel of specialists to assure that there are an adequate number of specialists and that they are dispersed geographically to meet the needs of your members.
- Instruct Provider Relations staff to question PCP office staff regarding which types of specialists they have the most problems scheduling appointments for their patients.
- Conduct an Access to Care survey to validate appointment availability of specialist appointments.
- Include specialists in a CG-CAHPS Study to determine ease of access as well as other issues with specialist care.
- Develop a worksheet which could be completed and given to the patient by the PCP explaining the need and urgency of the referral as well as any preparation on the patient's part prior to the appointment with the specialist. Including the patient in the decision making process improves the probability that the patient will visit the specialist.
- Develop materials to introduce and promote your specialist network to the PCPs and encourage the PCPs to develop new referral patterns that align with the network.

Action Plans for Improving CAHPS® Scores

GETTING NEEDED CARE *(2 of 2)*

Easy to get care believed necessary

- Evaluate pre-certification, authorization, and appeals processes. Of even more importance is to evaluate the manner in which the decisions are communicated to the member. Members may be told that the health plan has not approved specific care, tests, or treatment, but are not being told why. The health plan should go the extra step to ensure that the member understands the decision and hears directly from them.

Additional recommendations

- Include a supplemental question on the CAHPS® survey to identify the type of care, test or treatment which the member has a problem obtaining.
- Review complaints received by Customer Service regarding inability to receive care, tests or treatments. Identify the issues generating the highest number of complaints and prioritize improvement activities to address these first.
- When care or treatment is denied, care should be taken to ensure that the message is understood by both the provider and the member. Evaluate language utilized in denial letters and scripts for telephonic notifications of denials to make sure messaging is clear and appropriate for a lay person. If state regulations mandate denial format and language in written communications, examine ways to also communicate denial decisions verbally to reinforce reasons for denial.

Action Plans for Improving CAHPS® Scores

GETTING CARE QUICKLY

Getting care as soon as you needed

- Distribute to members listings of Urgent Care/After Hours Care options available in network. Promote Nurse on Call lines as part of the distribution. Refrigerator magnets with Nurse On-Call phone numbers and names of participating Urgent Care centers are very effective in this population.

Getting appointment as soon as needed

- Encourage PCP offices to implement open access scheduling – allowing a portion of each day to be left open for urgent care and follow-up care.

Additional recommendations

- Include in member newsletters articles regarding scheduling routine care and check ups and informing members of the average wait time for a routine appointment for your network.
- Identify for members, PCP, Pediatric and OB/GYN practices that offer evening and weekend hours.
- Encourage PCP offices to make annual appointments 12 months in advance
- Conduct an Access to Care Study
  - Calls to physician office - unblinded
  - Calls to members with recent claims
  - Desk audit by provider relations staff
- Conduct a CG-CAHPS survey to identify offices with scheduling issues

Action Plans for Improving CAHPS® Scores

HOW WELL DOCTORS COMMUNICATE

Explain things in a way you could understand

- Include supplemental questions from the Item Set for Addressing Health Literacy to identify communication issues.

Listen carefully to you

- Provide the physicians with patient education materials. These materials could reinforce that the physician has heard the concerns of the patient and/or that they are interested in the well-being of the patient. The materials might also speak to a healthy habit that the physician wants the patient to adopt, thereby reinforcing the communication and increasing the chances for compliance. Materials should be available in appropriate/relevant languages and reading levels for the population.

Show respect for what you had to say

- Conduct focus group of members to identify examples of behaviors identified in the questions. Video the groups to show physicians how patients characterize excellent and poor physician performance.

Spend enough time with you

- Develop “Questions Checklists” on specific diseases to be used by members when speaking to doctors. Have these available in office waiting rooms or provided by office staff prior to the patient meeting with the doctor. The doctor can review and discuss the checklist during the office visit.

Additional recommendations

- Conduct a CG-CAHPS survey to identify physicians for whom improvement plans should be developed.
- Provide communication tips in the provider newsletters. Often, these are better accepted if presented as a testimonial from a patient.

Action Plans for Improving CAHPS® Scores

SHARED DECISION MAKING

Discussed reasons to take medicine

- Develop patient education materials about common medicines described for your members explaining pros of each medicine. Examples: asthma medications, high blood pressure medications, statins.

Discussed reasons not to take medicine

- Develop patient education materials about common medicines described for your members explaining cons of each medicine. Examples: asthma medications, high blood pressure medications, statins.

Asked preference for medicine

- Conduct a CG-CAHPS survey and include the Shared Decision Making Composite as supplemental questions.

Additional recommendations

- Develop or purchase audio recordings and/or videos of patient/doctor dialogues/vignettes with information about common mediations. Distribute to provider panel via podcast or other method.

Action Plans for Improving CAHPS® Scores

HEALTH PLAN CUSTOMER SERVICE

Got information or help needed

- On a monthly basis, study Call Center reports for reasons of incoming calls and identify the primary drivers of calls. Bring together Call Center representatives and key staff from related operational departments to design interventions to decrease call volume and/or improve member satisfaction with the health plan.

Treated you with courtesy and respect

- Operationally define customer service behaviors for Call Center representatives as well as all staff throughout the organization. Train staff on these behaviors.

Additional recommendations

- Conduct Call Center Satisfaction Survey. Implement a short IVR survey to members within days of their calling customer service to explore/assess their recent experience.
- Implement a service recovery program so that Call Center representatives have guidelines to follow for problem resolution and atonement.
- Acknowledge that all members who respond that they have called customer service have actually talked to plan staff in other areas than the Call Center. Promote the idea of customer service is the responsibility for all staff throughout the organization.

Action Plans for Improving CAHPS® Scores

CARE COORDINATION

Personal doctor informed and up-to-date about the care you got from other doctors or other health providers

- Institute process where the plan notifies the PCP when a member is admitted/discharged from a hospital or SNF. Upon discharge, send a copy of the discharge summary to the PCP.

Care Coordination is an area in which the health plan can be seen as the partner to the physician in the management of a member's care. A plan's words and actions can emphasize the plan's willingness to work with the physician to improve the health of their members and to assist the physician in doing so.

- Offer to work with larger/high volume PCP groups to facilitate EMR connectivity with high volume specialty groups.
- Conduct a referring physician survey with PCPs via the Internet to ascertain the level of communication between PCPs and specific specialists.
- Investigate how the plan can assist the PCP in coordinating care with specialists and ancillary providers.
- Institute a policy and procedure whereby copies of MTM information is faxed/mailed to the member's assigned PCP.
- Have Provider Relations staff interview PCP office staff as to whether they communicate with Specialist offices to request updates on care delivered to patients that the PCP referred to the Specialist.
- Encourage PCP offices to assist members with appointment scheduling with specialists and other ancillary providers and for procedures and tests.

General Knowledge about Demographic Differences

The commentary below is based on generally recognized industry knowledge per various published sources:

Age	Older respondents tend to be more satisfied than younger respondents.
Health Status	People who rate their health status as 'Excellent' or 'Very good' tend to be more satisfied than people who rate their health status lower.
Education	More educated respondents tend to be less satisfied.

Race and ethnicity effects are independent of education and income. Lower income generally predicts lower satisfaction with coverage and care.

Race	Whites give the highest ratings to both rating and composite questions. In general, Asian/Pacific Islanders and American Indian/Alaska Natives give the lowest ratings. Growing evidence that lower satisfaction ratings from Asian Americans are partially attributable to cultural differences in their response tendencies. Therefore, their lower scores might not reflect an accurate comparison of their experience with health care.
Ethnicity	Hispanics tend to give lower ratings than non-Hispanics. Non-English speaking Hispanics tend to give lower ratings than English-speaking Hispanics.

Demographic Profile

Child Demographics

	Centene - NE (Nebraska Total Care)	
	2017	2017 Quality Compass®
Q37. Child's Health Status		
Excellent/Very good	77%	75%
Good	18%	20%
Fair/Poor	5%	5%
Q38. Child's Mental/Emotional Health Status		
Excellent/Very good	72%	73%
Good	20%	18%
Fair/Poor	8%	9%
Q39. Child's Age		
1 yr and under	11%	NA
2-5	20%	NA
6-9	18%	NA
10-14	30%	NA
15-18	20%	NA
Q40. Child's Gender		
Male	51%	52%
Female	49%	48%
Q41/42. Child's Race/Ethnicity		
Hispanic or Latino	34%	35%
White	73%	55%
African American	10%	24%
Asian	4%	5%
Native Hawaiian or other Pacific Islander	0%	1%
American Indian or Alaska Native	6%	3%
Other	11%	16%

Data shown are self reported.
NA = Data not available

Demographic Profile

Respondent Demographics

	Centene - NE (Nebraska Total Care)	
	2017	2017 Quality Compass®
Q7. Number of Times Going to Doctor's Office/Clinic for Care		
None	21%	24%
1 time	32%	26%
2 times	21%	23%
3 times	11%	13%
4 times	6%	6%
5-9 times	7%	6%
10 or more times	2%	2%
Q16. Number of Times Visited Personal Doctor to Get Care		
None	22%	20%
1 time	36%	33%
2 times	23%	23%
3 times	8%	12%
4 times	5%	6%
5-9 times	4%	5%
10 or more times	1%	1%
Q43. Respondent's Age		
Under 18	5%	6%
18 to 24	7%	6%
25 to 34	29%	31%
35 to 44	30%	31%
45 to 54	20%	16%
55 to 64	7%	6%
65 or older	3%	3%
Q44. Respondent's Gender		
Male	12%	12%
Female	88%	88%
Q45. Respondent's Education		
Did not graduate high school	21%	21%
High school graduate or GED	22%	34%
Some college or 2-year degree	38%	31%
4-year college graduate	10%	9%
More than 4-year college degree	9%	5%

Data shown are self reported.

Composite & Rating Scores by Demographics

	Centene - NE (Nebraska Total Care)														
	Child's Age					Child's Race			Child's Ethnicity		Respondent's Educational Level		Child's Health Status		
Demographic	1 yr and under	2-5 yrs	6-9 yrs	10-14 yrs	15-18 yrs	White	African American	All other	Hispanic	Non-Hispanic	HS Grad or Less	Some College+	Excellent/ Very Good	Good	Fair/ Poor
Sample size	(n=28)	(n=48)	(n=45)	(n=74)	(n=49)	(n=228)	(n=30)	(n=64)	(n=103)	(n=199)	(n=130)	(n=175)	(n=235)	(n=54)	(n=16)
Composites *(% Always/Usually)*															
Getting Care Quickly	98	94	96	92	92	94	98	92	90	95	91	94	93	90	96
Shared Decision Making *(% Yes)*	82	80	71	85	90	84	90	88	72	89	82	86	83	88	83
How Well Doctors Communicate	95	98	95	97	96	97	97	96	93	97	94	98	98	90	96
Getting Needed Care	96	83	95	90	88	90	96	92	92	90	88	91	89	92	85
Customer Service	94	90	86	93	81	87	81	93	96	85	90	85	93	71	100
Overall Ratings *(% 8,9,10)*															
Health Care	85	81	95	90	75	86	92	86	89	85	81	89	90	76	58
Personal Doctor	92	96	85	95	86	91	93	92	94	91	93	91	93	88	86
Specialist	83	83	100	94	100	94	86	94	95	95	95	95	98	89	88
Health Plan	88	83	91	86	77	84	90	92	96	82	89	85	90	76	67

Supplemental Questions

Supplemental Questions – Emergency Room

Q49. In the last 6 months, how many times did you go to the emergency room to get care for your child because your child's personal doctor was not able to see you during regular office hours?

	2017
None	85%
1 time	11%
2 times	3%
3 or more times	1%
Sample Size:	*(n=303)*

Supplemental Questions – Emergency Room (cont.)

Q50. Why did you go to an emergency room to get care for your child? (Multiple Mentions)

	2017
I felt it was an emergency	52%
Unable to get a doctor's appointment as soon as I wanted	23%
Doctor told me to go to the emergency room	16%
I did not know where the nearest urgent care center was	5%
Did not get a call back from the doctor	2%
Other	23%
Sample Size:	*(n=44)*

Supplemental Questions – Mental Health Services

Q51. If your child needed mental health or substance abuse services, did your child access them?

	2017
Yes	56%
No	44%
Sample Size:	*(n=91)*

Q52. In the last 6 months, was your health plan helpful to you in getting mental health services for your child?

	2017
Yes	77%
No	23%
Sample Size:	*(n=77)*

Supplemental Questions – Personal Doctor Preferences

Q53. In the last 6 months, how often was it hard to find a personal doctor who knows your child's culture?

	2017
Never	75%
Sometimes	8%
Usually	8%
Always	9%
Sample Size:	*(n=131)*

Q54. In the last 6 months, how often was it hard to find a personal doctor for your child who speaks your child's language?

	2017
Never	80%
Sometimes	7%
Usually	3%
Always	10%
Sample Size:	*(n=150)*